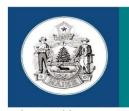
Attn: Medical Marijuana Program
DHHS Division of Licensing and Regulatory Services
11 State House Station
Augusta, ME 04333



Medical Marijuana Program Application/Renewal Form Registered Dispensary



Department of Health and Human Services

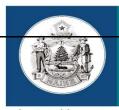
Maine People Living Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Section 1 IDENTIFICATION INFORMATION	ON			
Legal Name of Dispensary	Charter Number			
	Date of Incorporation			
Business Location				
(street)				
(city, state, zip code)	Telephone: (207) -			
Mailing Address				
Mailing Address				
(city, state, zip code)				
Section 2 ORGANIZATIONAL INFORMAT				
Name of Chief Executive Officer	Telephone number if different than above			
Mailing Address, if different than above	(207) -			
withing Address, it different than above				
Schedule A, Board of Directors and Officers				
Schedule B, Employees				
Schedule C, Bylaws of the Non-Profit Corporation				
Schedule D, Location of Grow Site, if different than Location	on of Dispensary			
Schedule E, Policies and Procedures				
Schedule E-1: Personnel				
Schedule E-2: Growing and Cultivataion				
Schedule E-3: Inventory Control				
Schedule E-4: Food Preparation				
Schedule E-5: Quality Control				
Schedule E-6: Copies of Educational Materials				
Schedule E-7: Critical Incident Reporting				
Section 3 DISPENSARY INFORMATION				
Distance to the property line of preexisting public or priva	ite school: (must be more than 500 feet):			
Description of food products to be sold or furnished, if any	<i>γ</i> :			
Description of grounds and exterior lighting:				

Augusta ME 04333 Description of interior monitoring and safety features:



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Location of growing site:	
Provide the names of patients you have identified at this time who plan to do	esignate you as their dispensary: (use additional pages, if necessary
Declaration: I understand and acknowledge my duti patients and primary caregivers in accordance with the Act. I understand that my board members, officers and offenses. I will notify the Department of Health and Hu cards when there has been a change in status of a regist that the information provided on this form is true and marijuana to a person who is not allowed to possess marginary to be inspected by representatives of the Maine agree to provide soil and product samples to represent Human Services for testing pursuant to the rules gover further agree I will report sales for sales tax purposes results.	e provisions of the Maine Medical Use of Marijuana demployees may not have disqualifying drug uman Services promptly and return the registration stry card holder. I declare under penalty of perjury correct. I certify that I will not sell, furnish or give narijuana for medical purposes. I agree to allow my e Department of Health and Human Services. I tatives of the Maine Department of Health and rning Maine's Medical Use of Marijuana Program. I
Printed name of Chief Executive Officer	
	Date
Signature of Chief Executive Officer This application shall be accompanied by a non-refundable check made paya accepted as complete unless all Exhibits are attached. Please mail to:	ble to the Treasurer, State of Maine. This application will not be
Attn: Medical Use of Marijuana Program	To check on the status of your application, call (207) 287-9300

Department of Health and Human Services Division of Licensing and Regulatory Services 11 State House Station Augusta, ME 04333 Attn: Medical Marijuana Program
DHHS Division of Licensing and Regulatory Services
11 State House Station
Augusta, ME 04333

Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Driver License

Date of Birth

Name and Home Addres

Title

Form approved 4/10

Revenue: Marijuana sales (in any form) to registered patients	Start Up Year 7/1/10 to 6/30/11	First Full Fiscal Year 7/1/11 to 6/30/12	Second Full Fiscal Year 7/1/12 to 6/30/13
and registered caregivers Paraphernalia sales			
Other sales			
Other Income			
Other income			
Total Revenue			
Expenses:			
Payroll, taxes and fringe			
benefits			•
Cultivation	***************************************		
Supplies			
Office Expenses			
Utilities			
Insurance			
Interest			
Depreciation/Amortization			
Leasehold Expenses			
Rent			
Bad Debt		'' '	
Total Expenses:			
Net:			
48.80.40			
Personnel Categories	# of FTE's		
Administration			
Sales			
Cultivation			
Number of Patients:			
Estimated Price/Ounce			